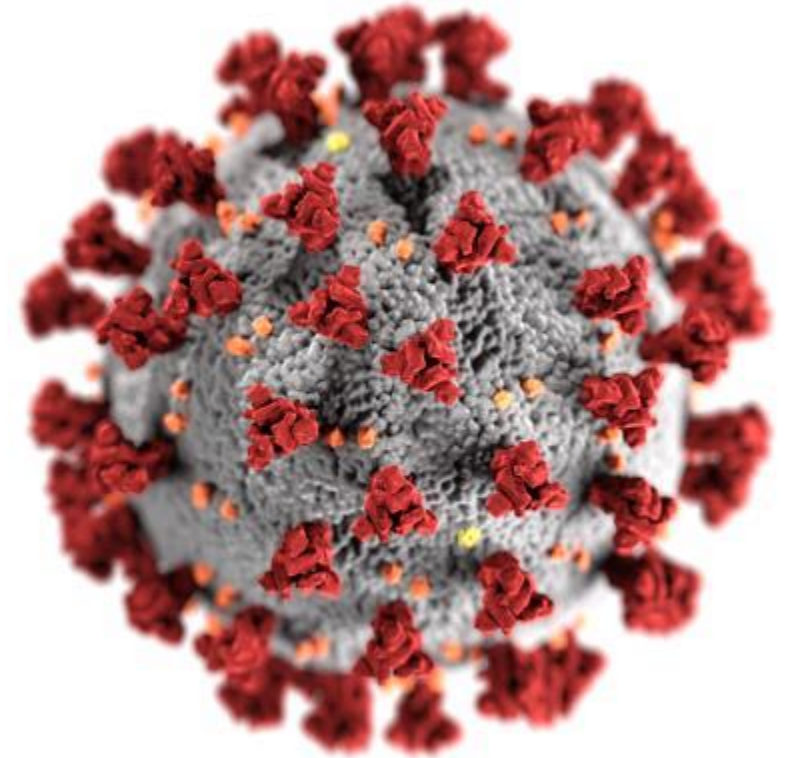


COVID-19 Vaccination Plan

South Dakota Department of Health

February 23, 2021



We will begin in just a few moments. Thanks!

Information is current as of 02.22.2021

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of February 22, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://www.southdakota.gov/covid19)

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Agenda

Update on Vaccination – Tim Heath

SDIIS Updates – Brett Oakland

Training Update – Carol Chalcraft

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Update on Vaccination

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

Total Doses Administered

185,635

| Manufacturer | # of Doses |
|--------------|------------|
| Moderna | 97,706 |
| Pfizer | 87,929 |

Total Persons Administered a Vaccine

123,049

| Doses | # of Recipients |
|---------------------------|-----------------|
| Moderna - Series Complete | 32,708 |
| Moderna - 1 dose | 32,290 |
| Pfizer - Series Complete | 29,878 |
| Pfizer - 1 dose | 28,173 |

Percent of State Population with at least 1 Dose

18%

| Doses | % of Pop. |
|-----------------|-----------|
| 1 dose | 17.83% |
| Series Complete | 9.07% |

Based on 2019 Census Estimate for those aged 16 years and older

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Received

| | |
|-----------|---------|
| Pfizer 1 | 59,085 |
| Pfizer 2 | 44,265 |
| Moderna 1 | 71,800 |
| Moderna 2 | 47,500 |
| LTC Pharm | 24,050 |
| Total | 246,700 |

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Received

| | |
|---|--------|
| This Weeks 1 st dose shipments | 17,660 |
| This Weeks 2 nd dose Shipments | 15,190 |
| Doses At Pharmacy | 10,323 |
| Second Dose to be given this week | 17,000 |

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Weekly 1st Doses Projected

Pfizer 9,360

Moderna 8,300

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Bonus Doses

Pfizer vaccine yields 6 doses – this will be a label change

Moderna vaccine may yield 1 or 2 extra doses

DO NOT POOL VACCINE FROM MULTIPLE VIALS

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Priority groups

https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineAvailability_Distribution_FlyerSize.pdf

| | | |
|----|---------|--|
| 1A | 19,265 | 22,816 Vaccinated |
| 1B | 10,867 | 2,975 Vaccinated-not including CVS/Walgreens |
| 1C | 49,642 | 23,375 Vaccinated |
| 1D | 265,561 | 56,386 |
| 1E | 227,448 | |


Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Expected COVID-19 Vaccine Availability for South Dakota Residents

| Phase | Population Group | January | February | March | April | May-December |
|---------|---|---------|----------|-------|-------|--------------|
| 1A | Frontline healthcare workers and long-term care facility healthcare workers | | | | | |
| 1B | Long-term care residents | | | | | |
| 1C | EMS, public health workers, and other healthcare workers (lab & clinic staff) | | | | | |
| | Law enforcement, correctional officers | | | | | |
| 1D | Persons aged 65 years and older <i>Starting (02/22/21) – Those 65 and over</i> | | | | | |
| | High risk patients - dialysis, post-transplant, and active cancer | | | | | |
| | High risk residents in congregate settings | | | | | |
| 1D | Persons with 2 or more underlying medical conditions under the age of 65 | | | | | |
| | Teachers and other school/college staff | | | | | |
| | Funeral service workers | | | | | |
| 1E | Fire service personnel | | | | | |
| | Includes public-facing workers in essential and critical infrastructure | | | | | |
| Phase 2 | All others 16 years and older | | | | | |

 Estimated Vaccine Availability

Note: Tribal vaccine allocation & administration is handled by the [IHS](#)
Veteran vaccine allocation & administration is handled by the [VA](#)

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first.



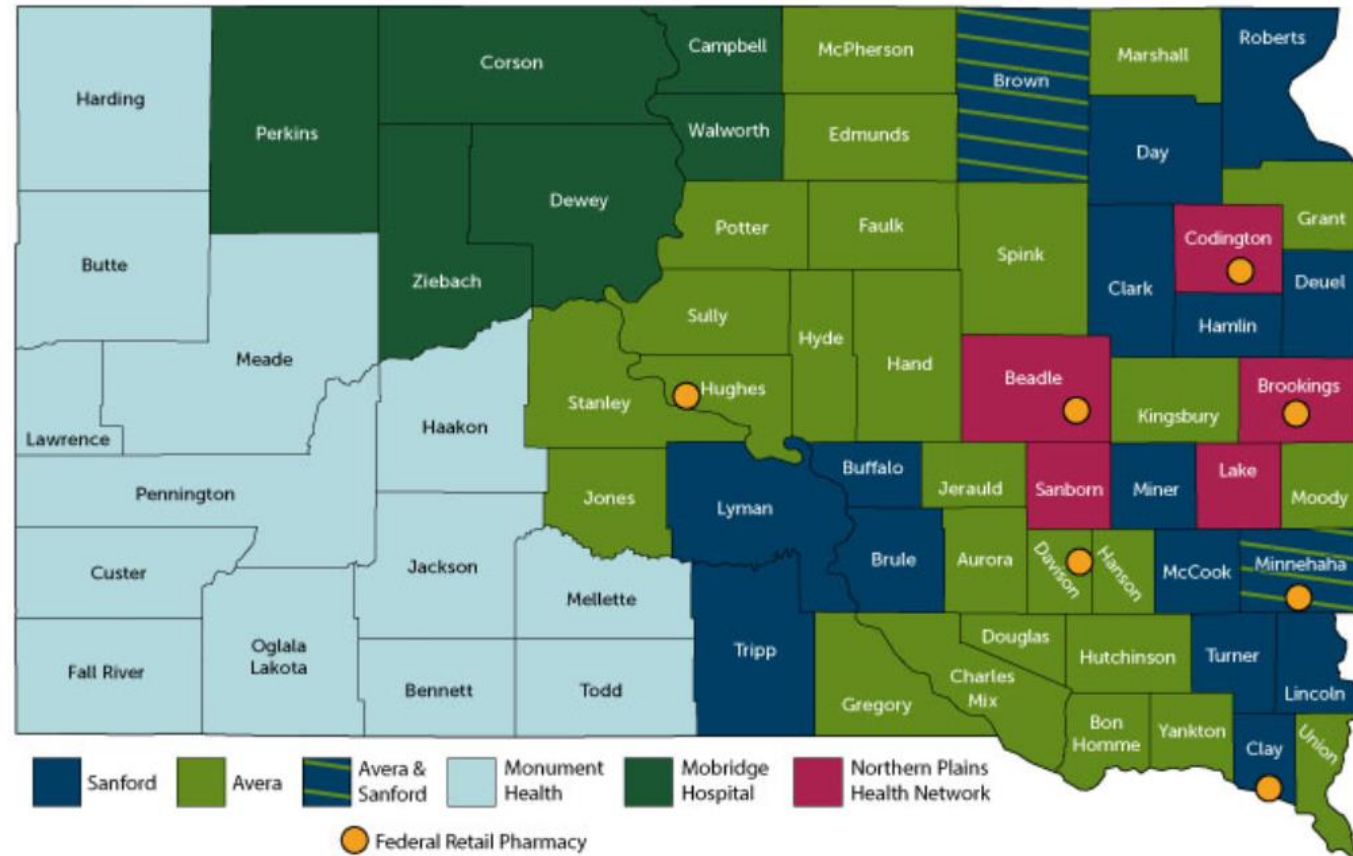
covid.sd.gov

AS OF 02-17-21

https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineAvailability_Distribution_FlyerSize.pdf

Not intended for press or for reporting purposes.

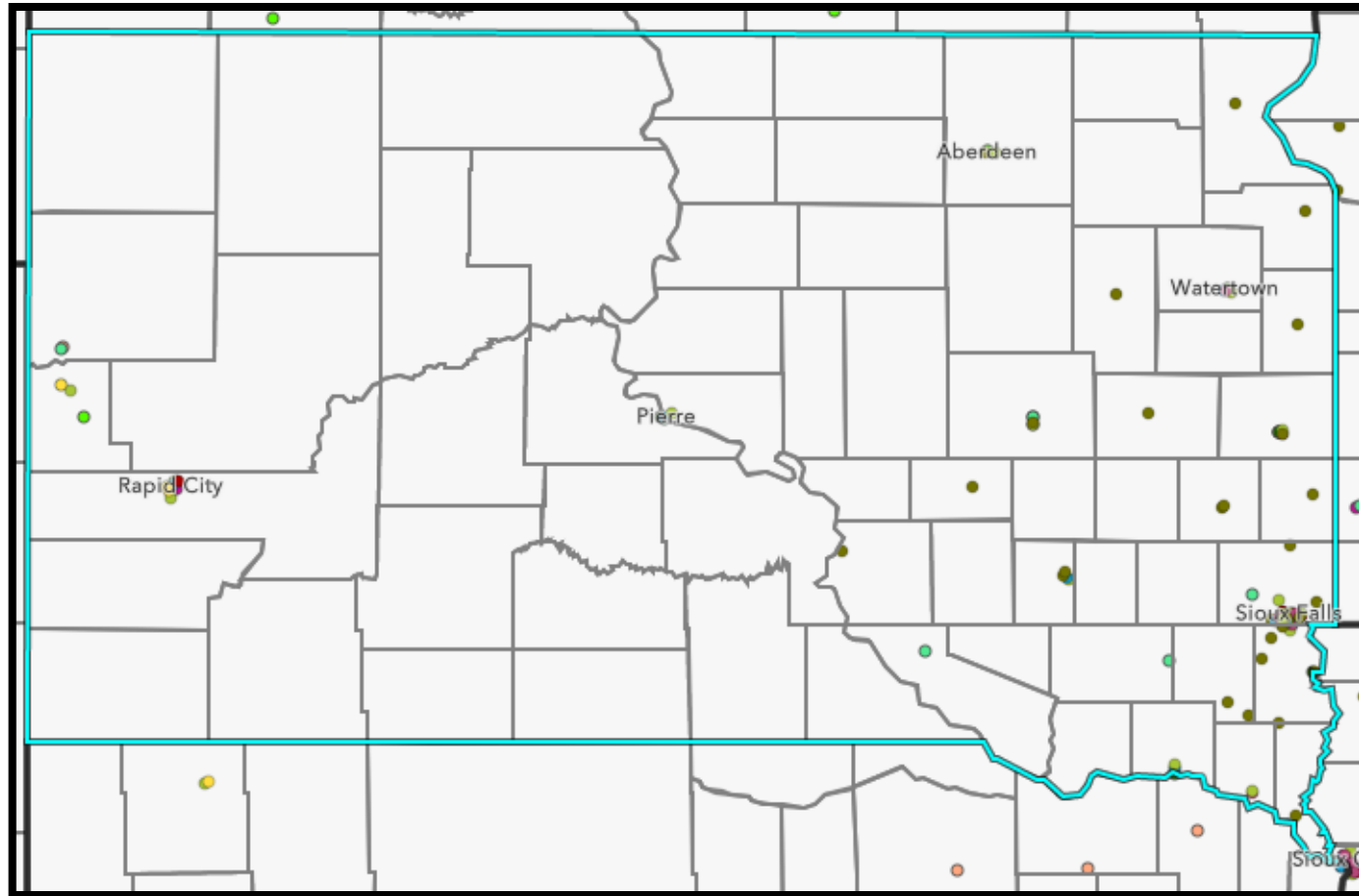




<https://doh.sd.gov/COVID/Vaccine/ProviderMap/default.aspx>

Not intended for press or for reporting purposes.

South Dakota: All Federal Pharmacy Partners



- | | |
|-----------------------------|---------------|
| ● CVS | ● Cardinal |
| ● Walgreens | ● Topco |
| ● Walmart | ● CPESN |
| ● Rite Aid | ● ABC |
| ● Kroger Corporate Pharmacy | ● MHA |
| ● Albertsons | ● Health Mart |
| ● Publix Super Markets | ● Gerimed |
| ● Retail Business Services | ● Innovatix |
| ● COSTCO | |
| ● H-E-B | |
| ● Hy-Vee | |
| ● Meijer Pharmacy | |
| ● Southeastern Grocers | |
| ● PharMerica | |
| ● Lewis Drug | |

DRAFT – PRE-DECISIONAL & DELIBERATIVE

Not intended for press or for reporting purposes.

Federal Partners in SD

| | First Dose | Second Dose | Total |
|--------|------------|-------------|--------|
| BOP | 100 | 97 | 197 |
| VA | 11,631 | 4,258 | 15,889 |
| IHS | 15,511 | 7,849 | 23,360 |
| DOD | 1,518 | 1,047 | 2,565 |
| Totals | 28,760 | 13,251 | 42,011 |

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Janssen/Johnson & Johnson Vaccine

- **Have applied for EUA**
- **FDA to meet on February 26**
- **Viral Vector vaccine**
- **5 dose vials**

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

SDIIS Updates

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Immunization Information System (SDIIS)

- **SDIIS Training:** <https://doh.sd.gov/COVID/Vaccine/Providers.aspx>
 - The following trainings are available for new users and serve as a review for skilled users. Data Entry staff, whether vaccinators or ancillary staff, should view, at minimum, Trainings 1, 2, and 3. Staff tasked with Data Entry and Inventory Management, e.g. Vaccine Coordinators, should view all SDIIS trainings.
- [User Application](#) (next slide)
 1. [Login and Settings](#) (updated 12/02/20)
 2. [Search for Patients and Edit Information](#) (updated 02/08/21)
 3. [Give Vaccine](#) (updated 01/11/21)
 4. [Ordering and Receiving](#) (updated 02/01/21)
 5. [Inventory Management](#) (updated 12/28/20)
 - 5a. [Wastage Reconciliation](#) (01/26/21)
 6. [Vaccine Transfer](#) (updated 01/12/21)
 7. [Patient Detail Report](#) (01/05/21)

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Immunization Information System (SDIIS)

South Dakota Immunization Information System (SDIIS) USER ACCESS ACCOUNT APPLICATION

Please complete this form to request a user account for each staff member who needs access to the SDIIS. Upon completion and return of this form, a **USER ID** and temporary **PASSWORD** will be assigned. Once the credentials have been assigned, we recommend you change your password after you log in for the first time. Password: Passwords should be **AT LEAST** characters and include a combination of letters, numbers, and special characters. **PLEASE DO NOT SHARE PASSWORDS AND USER ACCOUNTS.** If you have questions, please contact Brett Oakland at (605) 367-4902 or Radhi Saripalli at (605) 773-7473. Retain a copy of this form in your files and email the completed form to brett.oakland@state.sd.us or fax to (605) 367-5357.

SDIIS USER ACCESS ACCOUNT INFORMATION

First Name: _____ Last Name: _____
(List your name as you'd like to see it displayed in the Immunization Information System)

Name of Clinic/ Facility: _____

SDIIS PIN: _____ Phone Number: _____ Ext. _____

Individual Email Address: _____
(Shared email accounts are not acceptable)

Access Required: ☐ New User ☐ Existing User

☐ **View only** – view and print record, but cannot add immunizations or edit record

☐ **Data Entry** - enter immunizations and edit patient records, but no access to inventory

☐ **Inventory Management** - enter immunizations, edit patient records, access to facility inventory

Does user float between clinic sites? (Check one): ☐ Yes ☐ No
(If yes, a separate application must be completed for each clinic)

VACCINATOR STATUS:

☐ I will be administering vaccinations for this facility.

I am: ☐ RN ☐ CMA ☐ PA ☐ Pharmacist ☐ Other

☐ LPN ☐ MD/DO ☐ NP ☐ Student

☐ I will NOT be administering vaccinations for this facility.

• **SDIIS User Access Application**

- **UPDATED:**

- Used to request access for new users to SDIIS
- Used for those who need view/enter data into the SDIIS
- **NEW:** Section regarding vaccinator status
- Has been added to Provider Education website
- <https://doh.sd.gov/COVID/Vaccine/Providers.aspx>

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

- ***COVID-19 Vaccine Data Entry Reminders***

- Use simple search parameters when searching for patients in SDIIS.
 - Use first initial and birthdate, or
 - Use first three letters of first and last name
 - Remember to consider given name vs. nickname – e.g. James vs. Jim
 - Please ensure that the **name and birthdate match** the person who is vaccinated. Check address and phone, anything to help confirm patient identity
 - Avoid creating duplicate records.
 - If multiple patient searches come up empty, then you may **ADD NEW PATIENT**
- When selecting priority group, DO NOT select Priority Group “**2nd Dose**” if patient record does not already have one dose. If you know the patient received a first dose, but you don’t see it, then you don’t have the right record.
- Ensure that the 2nd dose of COVID-19 vaccine is the same brand as the first dose
- **ALL COVID-19 vaccine records in SDIIS must have an ADDRESS (City, State, Zip, County)**
- **ALL COVID-19 vaccine records in SDIIS must include GENDER, RACE, ETHNICITY (Hispanic Origin in SDIIS)**

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SOUTH DAKOTA DEPARTMENT OF HEALTH

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Central Registry

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS:
DOB: 1/1/1940 (80 years, 10 months)
GENDER:
HEALTH PLAN:
VFC:
STATUS: Active
CHART#:
[EDIT](#)

VACCINE HISTORY

| VACCINE | # | DATE | ADV | ENT |
|------------------------------|---|------|-----|-----|
| NO VACCINES HAVE BEEN ADDED. | | | | |

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)

All Series

[RECOMMEND](#)

CONTACT INFORMATION
PARENT:
ADDRESS:
PRIMARY#:
PCP:
REMINDER:
[EDIT](#)

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
[EDIT](#)

PATIENT NOTES

| PRIORITY | DATE | NOTES |
|---------------------|------|-------|
| There are no notes. | | |

[ADD NEW NOTE](#)

QUALIFYING INTERVIEW
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

- **Edit Patient Information**

- Click **EDIT** under PATIENT INFORMATION section
- The **EDIT PATIENT INFORMATION** screen will appear

South Dakota Immunization Information System (SDIIS)




EDIT PATIENT INFORMATION

Bert Oak
DOB: 1/1/1940

| RECORD INFORMATION | |
|---------------------------------------|--|
| SYSTEM IDENTIFIER : 140-00002-1505381 | LAST CLINIC : Test Clinic 2010 (#7734) |
| DATE OF ENTRY : 11/9/2020 5:58:59 PM | LAST UPDATED : 11/11/2020 12:35:46 PM |

| PATIENT INFORMATION | |
|--|--|
| * LAST NAME : <input type="text" value="Oak"/> | * FIRST NAME : <input type="text" value="Bert"/> |
| MIDDLE NAME : <input type="text" value="Jim"/> | SUFFIX : <input type="text"/> |
| ALIAS (NICKNAME) : <input type="text" value="TESTRECORD"/> | * DATE OF BIRTH : <input type="text" value="1/1/1940"/> (mm/dd/yyyy) |
| STATE/COUNTRY OF BIRTH : <input type="text"/> | GENDER : <input type="text" value="Male"/> |
| RACE : Native American EDIT | HISPANIC ORIGIN : <input type="text" value="Non-Hispanic"/> |
| LANGUAGE : <input type="text"/> | * VFC ELIGIBILITY : <input type="text" value="Not Eligible"/> |
| OTHER PROGRAMS : EDIT | SOCIAL SECURITY # : <input type="text"/> |
| SCHOOL DISTRICT : <input type="text"/> | CONFIRM SSN : <input type="text"/> |
| OCCUPATION : <input type="text" value="SELECT"/> | PATIENT STATUS : <input type="text" value="Active"/> |
| CHART # : <input type="text"/> | HEALTH PLAN : EDIT |



• *Edit Patient Information*

- Please enter the following, which are **REQUIRED** for COVID-19 Vaccination Plan,
 - Confirm **name**, **date of birth**
 - **Gender**
 - **Race** – click **EDIT** and choose
 - **Ethnicity** – click **HISPANIC ORIGIN** dropdown
 - Choose non-Hispanic, if so
 - Choose Unknown Hispanic, if Hispanic, but origin unknown
- VFC Eligibility – choose NOT ELIGIBLE for all adults; choose best option for 18 and under
 - Not required for COVID-19 vaccine documentation, but SDIIS requires this field to be completed.
- Click **UPDATE**

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

PATIENT SUMMARY
USER NAME: Brett Oakland CLINIC: Central Registry

PATIENT INFORMATION
PATIENT ID: 140-00002-1505381
NAME: Bert Oak
ALIAS:
DOB: 1/1/1940 (80 years, 10 months)
GENDER:
HEALTH PLAN:
VFC:
STATUS: Active
CHART#:
[EDIT](#)

VACCINE HISTORY

| VACCINE | # | DATE | ADV | ENT |
|------------------------------|---|------|-----|-----|
| NO VACCINES HAVE BEEN ADDED. | | | | |

[ADD HISTORY](#) [GIVE VACCINE](#) [EDIT HISTORY](#)
All Series
[RECOMMEND](#)

CONTACT INFORMATION
PARENT:
ADDRESS:
PRIMARY#:
PCP:
REMINDER:
[EDIT](#)

CONTRAINDICATIONS
NO CONTRAINDICATIONS ADDED.
[EDIT](#)

PATIENT NOTES

| PRIORITY | DATE | NOTES |
|---------------------|------|-------|
| There are no notes. | | |

[ADD NEW NOTE](#)

QUALIFYING INTERVIEW
There are no qualifying interviews.

[DELETE PATIENT](#) [DONE](#)

- **Edit Contact Information**
 - Click **EDIT** under CONTACT INFORMATION section
 - The **EDIT CONTACT & GENERAL INFORMATION** screen will appear

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

SEARCH PATIENTS
PRINT REPORTS
INVENTORY
MY SETTINGS
CLINIC SETTINGS
MAINTENANCE
TUTORIAL
LOG OUT

EDIT CONTACT & GENERAL INFORMATION

Bert Oak
DOB: 1/1/1940

PARENT AND GUARDIAN INFORMATION

MOTHER LAST NAME : MOTHER FIRST NAME :
MOTHER MIDDLE NAME : MOTHER MAIDEN NAME :
MOTHER SSN : CONFIRM SSN :
FATHER LAST NAME : FATHER FIRST NAME :
FATHER MIDDLE NAME : FATHER SSN :
CONFIRM SSN :
GUARDIAN LAST NAME : GUARDIAN FIRST NAME :
GUARDIAN MIDDLE NAME : GUARDIAN SSN :
CONFIRM SSN :

PATIENT ADDRESS

PATIENT ADDRESS : 1234 Immunity Avenue
Sioux Falls (Part-Lincoln), South Dakota 57108 [EDIT](#)
COUNTY : Lincoln

PHONE NUMBERS

PRIMARY PHONE # : 6059999999 SECONDARY PHONE # : EXT.

REMINDER ACTIVITY

DATE REMINDER SENT : 11/11/2020 REMINDER STATUS : Pending
NEXT APPOINTMENT :

EXPANSION FIELDS

EXP. FIELD - INTEGER : EXP. FIELD - DATE :
EXP. FIELD - STRING : LOCKING : SELECT

PRIMARY CARE PHYSICIAN NAME

LAST NAME : FIRST NAME :
MIDDLE NAME : TITLE : SELECT

PRIMARY CARE PHYSICIAN ADDRESS

ADDRESS : [EDIT](#)

PRIMARY CARE PHYSICIAN PHONE NUMBER

PHONE # : EXT.

[UPDATE](#) [CANCEL](#)

• Edit Contact Information

- Please enter the following:
 - Parent & Guardian Information for clients under age 18 (SSN's not necessary)
 - **REQUIRED** for COVID-19 Vaccination Plan
- **PATIENT ADDRESS** – click **EDIT**
- **EDIT PATIENT ADDRESS** screen will appear; see next slide.
- Click **UPDATE** when address is complete
- Enter phone numbers – no dashes – XXXXXXXXXXXX
- May enter Primary Care Physician information, if known
- Click **UPDATE**

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

SDIIS South Dakota Immunization Information System

EDIT PATIENT ADDRESS

Bert Oak
DOB: 1/1/1940

PATIENT ADDRESS

| | | |
|------------------------|----------|----------------------------|
| ADDRESS LINE 1 | SUITE | |
| 1234 Immunity Avenue X | | |
| ADDRESS LINE 2 | ZIP CODE | |
| | 57108 | |
| SUBMIT | | |
| STATE | COUNTY | CITY |
| South Dakota | Lincoln | Sioux Falls (Part-Lincoln) |

UPDATE **CANCEL**

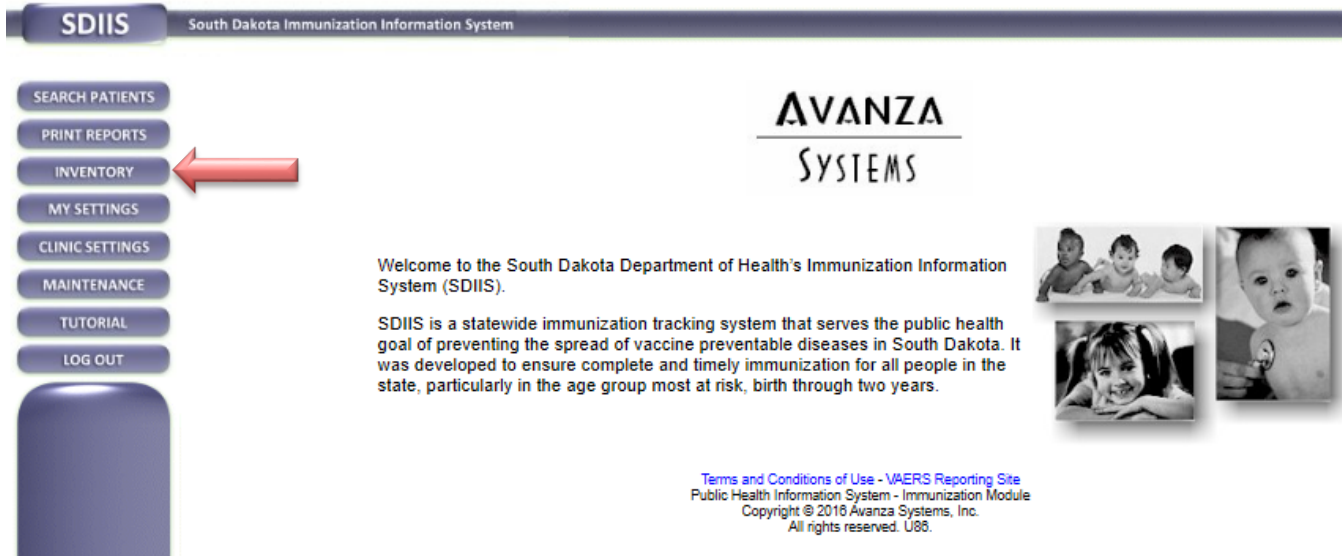
• **Edit Contact Information**

- Please enter the following:
 - **EDIT PATIENT ADDRESS** screen
 - Complete **ADDRESS** and **ZIP CODE** fields
 - Click **SUBMIT** next to the **ZIP CODE** field. The proper **state**, **county**, and **city** should be highlighted. If not, please correct.
 - **ADDRESS LINE 2** – Do not enter City, SD – this is for and extension of the street address, e.g., “PO Box xx”, “Apt #”, etc.
 - Click **UPDATE** when address is complete

- NOTE: If a recipient refuses to provide **ADDRESS** please obtain, at minimum, the **ZIP CODE**. With the **ZIP CODE** field, we can ascertain **state**, **county**, and **city**. You MUST click **SUBMIT** next to the zip code.

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)



- ***Vaccine Transfer***
 - ***Receiving Facility***
- Click **INVENTORY**
- The **EDIT INVENTORY** screen will appear

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

EDIT INVENTORY

CHOOSE CLINIC
Central Registry

| VACCINE | FUNDING SOURCE | LOT NUMBER(S) | EXPIRATION DATE(S) | CURRENT VOLUME |
|----------------------|----------------|---------------|--------------------|----------------|
| Tdap | Private | 5S43T | 03/05/2022 | 0 |

ADD INVENTORY SHIPMENTS ORDERS BATCHES CLOSE INVENTORY

Active

EDIT INVENTORY ITEM

CLINIC
Central Registry

VACCINE *
Tdap

SOURCE/VENDOR *
Private

FUNDING SOURCE *
Private

CURRENT VOLUME
25

VOLUME ADMINISTERED
0

DOSAGE VOLUME *
1

MINIMUM VOLUME *
0

☒ ACTIVE
☒ RECOMMEND

NOTES

LOT INFORMATION

| LOT NUMBER | EXPIRATION DATE | NDC | MANUFACTURER |
|------------|-----------------|-----|-----------------|
| 5S43T | 03/05/2022 | | GlaxoSmithKline |

RECONCILIATION INFORMATION

| DATE | TYPE | VOLUME | NOTES |
|------------|------------|--------|-------------------------------------|
| 11/20/2020 | In Transit | 25 | Shipped By Test Clinic 2010 (#7734) |

UPDATE SELECT LOT(S) RECONCILE CANCEL

- **Vaccine Transfer**

- **Receiving Facility**

- Shows entire inventory, including existing inventory of same lot number being transferred, OR, if no previous inventory of lot, new inventory item with "0" count
- Click on **blue hyperlink** of vaccine name
- In the **EDIT INVENTORY ITEM** screen, you can see that a shipment is "In Transit"
- Click **SHIPMENTS**
- The **EDIT SHIPMENTS** screen will appear

Not intended for press or for reporting purposes.

South Dakota Immunization Information System (SDIIS)

EDIT SHIPMENTS

CHOOSE CLINIC: STATUS:

| CURRENT INVENTORY | | | | |
|-------------------|----------------|-------|--------------------|----------------|
| VACCINE | FUNDING SOURCE | LOT # | EXPIRATION DATE(S) | CURRENT VOLUME |
| Tdap | Private | 5S43T | 03/05/2022 | 0 |

| RECEIVING | | | | | | | |
|-----------------------|------------|--------------------------|---------|-------|------------|----------|----------|
| # | DATE | FROM | VACCINE | LOT # | EXP DATE | SHIP VOL | RCVD VOL |
| 24820 | 11/20/2020 | Test Clinic 2010 (#7734) | Tdap | 5S43T | 03/05/2022 | 25 | |

| SENDING | | | | | | | |
|---------|------|----|---------|-------|----------|----------|----------|
| # | DATE | TO | VACCINE | LOT # | EXP DATE | SHIP VOL | RCVD VOL |

- **Vaccine Transfer**

- **Receiving Facility**

- **STATUS** field should be "Not Closed"
 - If Shipment does not appear, change **STATUS** to Complete, and see if the shipment is in that list.
- Click **blue hyperlink** (Order #)
- The **EDIT SHIPMENT** screen will appear

EDIT SHIPMENT

SHIPPED FROM *: SHIPPED TO *: ORDER ID: SHIPMENT DATE *: STATUS *:

CARRIER: TRACKING NUMBER:

NOTES:

| ITEMS SHIPPED | | | | | |
|---------------|----------------|------------|-----------------|-------------|--------------|
| VACCINE | FUNDING SOURCE | LOT NUMBER | EXPIRATION DATE | VOL SHIPPED | VOL RECEIVED |
| Tdap | Private | 5S43T | 03/05/2022 | 25 | |

- Click **RECEIVE SHIPMENT**
- The **RECEIVE SHIPMENT** screen will appear

*Not intended for press
or for reporting purposes.*

South Dakota Immunization Information System (SDIIS)

RECEIVE SHIPMENT

| TOTAL VOL RECEIVED | VACCINE | FUNDING SOURCE | LOT NUMBER | EXPIRATION DATE | VOL SHIPPED |
|---------------------------------|---------|----------------|------------|-----------------|-------------|
| <input type="text" value="25"/> | Tdap | Private | 5S43T | 03/05/2022 | 25 |

Is this shipment complete ?

EDIT SHIPMENT

| | | | | | |
|---|---|-------------------------------------|---|---------------------------------------|--------------|
| SHIPPED FROM * | SHIPPED TO * | ORDER ID | SHIPMENT DATE * | STATUS * | |
| <input type="text" value="Test Clinic 2010 (#7734)"/> | <input type="text" value="Central Registry"/> | <input type="text" value="112020"/> | <input type="text" value="11/20/2020"/> | <input type="text" value="Complete"/> | |
| CARRIER | TRACKING NUMBER | | | | |
| <input type="text" value="Two Hands & Two Feet"/> | <input type="text" value="ABC123"/> | | | | |
| NOTES | | | | | |
| <input type="text" value="POD ran out"/> | | | | | |
| ITEMS SHIPPED | | | | | |
| VACCINE | FUNDING SOURCE | LOT NUMBER | EXPIRATION DATE | VOL SHIPPED | VOL RECEIVED |
| Tdap | Private | 5S43T | 03/05/2022 | 25 | 25 |

- **Vaccine Transfer**

- **Receiving Facility**

- Enter **TOTAL DOSES RECEIVED**
 - Is this shipment complete?
 - **YES** if received all doses
 - **NO** if more doses pending
 - Click **UPDATE**
 - The **EDIT SHIPMENT** screen will reappear
-
- Confirm details
 - **STATUS** automatically changes to indicate shipment **Complete**
 - VOL SHIPPED = VOL RECEIVED
 - Click **UPDATE**
 - The **EDIT SHIPMENTS** screen will reappear

South Dakota Immunization Information System (SDIIS)

- **Vaccine Transfer**
 - **Receiving Facility**

- Receiving facility's inventory reflects the change
- Click **CANCEL**
- The **EDIT INVENTORY** screen will reappear

EDIT SHIPMENTS

CHOOSE CLINIC: STATUS:

| CURRENT INVENTORY | | | | |
|-------------------|----------------|-------|--------------------|----------------|
| VACCINE | FUNDING SOURCE | LOT # | EXPIRATION DATE(S) | CURRENT VOLUME |
| Tdap | Private | 5S43T | 03/05/2022 | 25 |

| RECEIVING | | | | | | | | |
|-----------|------|------|---------|-------|----------|----------|----------|--|
| # | DATE | FROM | VACCINE | LOT # | EXP DATE | SHIP VOL | RCVD VOL | |
| SENDING | | | | | | | | |
| # | DATE | TO | VACCINE | LOT # | EXP DATE | SHIP VOL | RCVD VOL | |

EDIT INVENTORY

CHOOSE CLINIC:

| VACCINE | FUNDING SOURCE | LOT NUMBER(S) | EXPIRATION DATE(S) | CURRENT VOLUME |
|---------|----------------|---------------|--------------------|----------------|
| Tdap | Private | 5S43T | 03/05/2022 | 25 |

Active

Not intended for press or for reporting purposes.

Training Update

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

NEEDED: Education Attestations

Thanks to all providers who have submitted Education Attestations

If your provider site has not submitted the Attestation, please do ASAP

If you need assistance with submitting the Attestation, please contact me.

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH



MEMORANDUM

To: Whom It May Concern

From: Moderna

Re: Moderna COVID-19 Vaccine Vials

The Moderna COVID-19 Vaccine (aka “COVID-19 Vaccine Moderna”) has traditionally been filled and distributed in clear vials. In order to best meet the vaccine preparation demands of the COVID-19 pandemic, Moderna has engaged multiple vial sources including SiO2 Materials Science. SiO2 Materials Science produces polymer-based vials which may appear thicker and display a slight green tint as a result of the vial sterilization process during manufacturing. This tinting is strictly visual and has no impact on the vaccine.¹ Over time, vial tinting may fade naturally, resulting in a faint yellow color. Below are images demonstrating a range of vial colors under various lighting conditions that may be encountered in the field.



¹ Typical range of coloration of Cyclic Olefin Polymer (COP) vials, SiO2 Materials Science, 2020

The Moderna COVID-19 Vaccine has not been approved or licensed by the U.S. Food and Drug Administration (FDA), but has been authorized for emergency use by FDA, under an Emergency Use Authorization (EUA), to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 18 years of age and older. There is no FDA-approved vaccine to prevent COVID-19. The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of the product, unless the declaration is terminated or the authorization is revoked sooner.

For information on the authorized use of Moderna COVID-19 Vaccine and mandatory requirements of the EUA, please review the Fact Sheet for Healthcare Providers Administering Vaccine and full Prescribing Information.

Moderna Medical Information Letter
Effective February 2021

Not intended for press or for reporting purposes.

Pfizer-BioNTech Live Training

Live Training

Pfizer also provides live training sessions to review information and answer your questions about the Pfizer-BioNTech COVID-19 Vaccine. Click on a link below to join the session at the designated time. Each training offers the same content.

| Date & Time | Password |
|--|-------------|
| Attendee link – February 23 – 5 PM ET | 37mRTyyPB6N |
| Attendee link – February 24 – 10 AM ET | gnB62EA82pv |

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Risk for COVID-19 Infection, Hospitalization, and Death By Age Group

| Rate compared to 5-17-years ¹ | 0-4 years | 5-17 years | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65-74 years | 75-84 years | 85+ years |
|--|-----------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|
| Cases ² | <1x | Reference group | 3x | 2x | 2x | 2x | 2x | 2x | 2x |
| Hospitalization ³ | 2x | Reference group | 7x | 10x | 15x | 25x | 35x | 55x | 80x |
| Death ⁴ | 2x | Reference group | 15x | 45x | 130x | 400x | 1100x | 2800x | 7900x |

All rates are relative to the 5-17-year age category. Sample interpretation: Compared with 5-17-year-olds, the rate of death is 45 times higher in 30-39-year-olds and 7,900 times higher in 85+-year-olds. Compared with 18-29-year-olds, the rate of hospitalization is 8 times higher in 75-84-year-olds (55 divided by 7 equals 7.9).

How to Slow the Spread of COVID-19



Wear a mask



Stay 6 feet apart



Avoid crowds and
poorly ventilated spaces



Wash your hands



cdc.gov/coronavirus

CS319360-A 02/18/2021



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Older adults and people with disabilities who may need additional support to get vaccinated

- Homebound
- Living with cognitive impairment or decline
- Living with mobility challenges, vision or hearing loss, or other disabilities
- Living in congregate or crowded settings, such as group homes and independent living facilities for older adults
- Living in remote, rural, or tribal areas
- Without family or community support to help them find out about vaccines
- Without access to the internet or unable to use online scheduling systems
- In an ethnic, racial, or other group at higher risk for COVID-19
- Not native English speakers

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Homebound persons need special considerations

- Medicare (CMS) considers someone homebound if:
 - They need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their doctor believes that their health or illness could get worse if they leave their home, AND
 - It is difficult for them to leave their home and they typically cannot do so.
- Approximately 21% of adults 65 years and older were homebound in 2011 Medicare beneficiary survey.
- Newly posted guidance for vaccination of homebound persons for HCP who vaccinate persons who are homebound:
www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html.

Ornstein KA, et al. *JAMA Intern Med*. 2015;175(7):1180-1186. doi:10.1001/jamainternmed.2015.1849. Published online May 26, 2015.

[The homebound requirement - Medicare Interactive.](#)

2/16/2021

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Ensure vaccination locations are accessible

- Ensure vaccination clinics:

- Have interpreters available
- Have personnel familiar with working with older adults and people with disabilities
- Are accessible to people relying on assistive equipment or wheelchairs (e.g., handrails, service animals, ramps)
- Follow CDC recommendations for preventing the spread of COVID-19, such as social distancing, and mask wearing for those able to wear a mask
- Provide sufficient seating for those waiting for vaccination and during the post-vaccination observation period.



- Incorporate accessibility considerations into planning for walk-in, curbside, drive-through, and other types of vaccination clinics.

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- [Guidance for vaccinating older adults and people with disabilities at vaccination clinics](#)
- [What Older Adults Need to Know about COVID-19 Vaccines Communication Resources for COVID-19 Vaccines](#)

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Healthcare providers are **required by law to report** to **VAERS**

- Any adverse event listed in the [VAERS Table of Reportable Events Following Vaccination](#) that occurs within the specified time period after vaccination
- An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine

Healthcare providers are **strongly encouraged to report:**

- Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether or not it is clear that a vaccine caused the adverse event
- Vaccine administration errors

Subject: example of dosage error

By [Jackson Cote | jcote@masslive.com](#)

Multiple patients who went to a CVS location in Massachusetts this week to get their [coronavirus](#) shots were given wrong dosages of the vaccine, according to the company.

A “limited number” of patients at the company’s pharmacy on Central Street in Ipswich were inadvertently given 0.3 milliliter doses of the COVID-19 vaccine instead of the correct 0.5 milliliter doses recommended by the U.S. Centers for Disease Control and Prevention, a spokesperson for CVS told MassLive in a statement.

It is unclear exactly how many people were affected by the mistake.

“We have contacted all affected patients to apologize for this incident and answer any questions they might have,” the spokesperson said. “We’ve reported it to the appropriate regulatory agencies and have taken the necessary steps to prevent this from occurring again.”

The spokesperson noted that based on CDC and clinical guidance, another dose of the vaccine is not recommended for the patients who were impacted by the company’s error. The people who were affected can get their previously scheduled second shot next month, according to the spokesperson.

[WCVB](#) reported a woman who received her vaccine for the viral respiratory infection Monday at the Ipswich location was contacted by a CVS pharmacist, who told her she was given the dosage for the Pfizer-BioNTech vaccine, which is less than the Moderna vaccine.

According to the CDC’s website, the dosage for [Pfizer-BioNTech](#)’s vaccine is 0.3 milliliters, while [Moderna](#)’s is 0.5 millileters.

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CDC Topline Points on the First Month of COVID-19 Vaccine Safety Data

- Data from the first month of COVID-19 vaccine safety monitoring provides reassurance about the safety of COVID-19 vaccines currently being used in the United States, as well as helpful information regarding what to expect following vaccination.
- The initial post-authorization safety profiles of the two COVID-19 vaccines in current use did not find evidence of unexpected reporting patterns or safety concerns.
- During this time, more than 13.5 million doses were administered.
- Since the vaccines were authorized in December 2020, safety monitoring for these vaccines has been the most intense and comprehensive in U.S. history.
- In this report, investigators described data from two vaccine safety monitoring systems: the Vaccine Adverse Events Reporting System (VAERS) and v-safe.

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VAERS reports

- The Vaccine Adverse Event Reporting System (VAERS) received and processed nearly 7 thousand reports of adverse events.
- 90.8% of reports to VAERS were non-serious.
- Reports of severe allergic reactions (anaphylaxis) were rare.
- Common symptoms reported to VAERS after vaccination included local reactions such as pain where the shot was given and reactions affecting other parts of the body (systemic reactions), such as headache, fatigue, and dizziness.
- VAERS also received 113 reports of death following vaccination (65% were among long-term care residents).
- Death reports with available information (including death certificates, autopsy reports, medical records, clinical descriptions from VAERS reports as well as information from healthcare providers) did not suggest a causal relationship between COVID-19 vaccination and death.
- No unexpected patterns or safety concerns have been identified during early monitoring.

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Transporting COVID-19 Vaccine

- CDC does not recommend routine transport of vaccines. Ideally, vaccines should be delivered directly to the facility where they will be used.
- If vaccines must be transported, follow storage and handling best practices to ensure the cold chain is maintained:
 - Well-trained staff
 - Appropriate equipment to store the vaccine and monitor temperatures:
 - Portable freezer, refrigerator, or container qualified to maintain the proper temperatures.
 - Digital data logger (DDL) to monitor temperatures with a buffered probe (external display preferred).
 - Written policies and procedures.

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Transporting mRNA Vaccines Best Practices

- Protect vaccines as much as possible from drops, shocks, and vibration.
 - To minimize movement, transport in the carton whenever possible.
 - If individual vials are transported, vials should be placed with dunnage (padding material like bubble wrap or similar padding).
 - Secure storage containers during transport.
- Store vaccine vials upright whenever possible.


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Update: Temperature Monitoring Guidance During Transport

- Most DDLs display minimum/maximum (min/max) temperatures.*
- Record the time and min/max temperatures:
 - At the start of transport
 - Every time the storage container is opened
 - When transport is completed
- The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours.±
 - Beyond-use date/time, if applicable, are included in transport time.

YOU CALL THE SHOTS Temperature Log when Transporting Vaccine at Refrigerated Temperatures 

When transporting refrigerated vaccines, use:

- A portable refrigerator or vaccine storage container qualified to maintain temperatures between 2°C and 8°C (36°F and 46°F).
- A digital data logger (DDL) with a thermal buffer and external temperature display (preferred). Place the probe as close as possible to the vaccine.
- This temperature log to document temperatures and how long the vaccine is in the portable storage container.

Temperature monitoring and transport time frames

- Most DDLs display minimum/maximum (min/max) temperatures:
- Record the time and min/max temperatures:
 - At the start of transport
 - Every time the portable storage container is opened
 - When transport is completed
- The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours.±
- Beyond-use date/time (BUD), if applicable, are included in transport time. For example, if the vaccine may be stored at refrigerated temperature for 120 hours, transport is included in this time frame.

! If the temperature is out of range, TAKE ACTION!

1. Do NOT discard the vaccine.
2. Label the vaccine "Do Not Use."
3. Complete the Vaccine Troubleshooting Record.
4. Contact the manufacturer to determine under what conditions (refrigerated) to store the vaccine as quickly as possible.

Today's date: _____ Transport start time: _____ Transport end time: _____
Provider name: _____ Facility name: _____ PIN number: _____
Temperatures measured in (circle one): Celsius Fahrenheit

| Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | |
| Min/max temperatures | | | | | | | | | | | | | | | | | | | | | | | | |

Temperatures lower than 36°F and higher than 46°F are out of range. Complete a Vaccine Troubleshooting Record. Contact the manufacturer and your immunization program.

• After packing the vaccine, open the portable storage container only when necessary.

• If using a company or personal vehicle, transport vaccines inside the passenger compartment (not in the trunk or bed of a truck, which may be too hot or too cold).

• Avoid leaving the portable storage container in direct sunlight or unattended.

• If needed, transport diluents with their corresponding vaccines to ensure there are equal amounts of vaccines and diluents. Follow the manufacturer's guidance for specific temperature requirements for diluents.

• Save this record for 3 years, unless your state/local jurisdiction requires a longer time period. See CDC's Vaccine Storage and Handling Toolkit for additional guidance.

• Refer to CDC's Vaccine Storage and Handling Toolkit for additional guidance when transporting vaccines.

• If the DDL does not measure min/max temperatures, check and record temperature hourly and follow the manufacturer's guidance for it differs from this time frame.

Predrawn Syringes

- Label both predrawn syringes and container (e.g., resealable plastic bag) used to hold the syringes with:
 - Name of the product and dosage (amount)
 - Exact beyond-use date and time
 - Lot number
 - Preparer's name/initials
- Follow temporary storage container and temperature monitoring guidance.
 - Moderna: Predrawn syringes can either be stored for 6 hours in the refrigerator at 2°C to 8°C (36°F to 46°F) or at ambient room temperature at 15°C to 25°C (59°F to 77°F) after the vial is initially punctured.
 - Pfizer-BioNTech: Predrawn syringes can be stored for 6 hours at 2°C to 25°C (36°F to 77°F) after the vaccine is mixed.

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Moderna COVID-19 Vaccine: Transporting Unpunctured Vials

- **Frozen transport:** Between -15°C and -25°C (-13°F and 5°F)
 - Frozen transport is preferred.
 - Handle vaccine with care and package securely to minimize shaking and avoid breakage.
- **Refrigerated transport:** Between 2°C and 8°C (36°F and 46°F) for up to 12 hours (cumulative).
 - Take care to ensure vaccine does not refreeze.
- Beyond-use date labels have been updated to include transport time.

Moderna COVID-19 Vaccine
Beyond Use Date/Time (BUD) Tracking Label for Vaccine During Refrigerator Storage

Once thawed, Moderna COVID-19 vaccine has specific beyond-use dates/times for refrigerated storage and transport. Use these labels to ensure beyond-use dates/times are followed.

Storing vaccine in the refrigerator
Moderna COVID-19 vaccine may be stored in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 30 days.

- Remove the vaccine vials from the freezer.
- Complete the information on the top portion of the label and attach it to the box or container holding the vaccine vials.
- Once labeled, store vaccine vials upright in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 30 days. Use vaccine vials stored in the refrigerator BEFORE removing additional vials from the freezer.
- As the 30-day deadline approaches, contact the manufacturer for guidance if you will not be able to use vaccine. If directed to discard vaccine, follow manufacturer and jurisdiction guidance for proper disposal.

Moderna COVID-19 Vaccine
Store vaccine between 2°C and 8°C (36°F and 46°F) for up to 30 days.

Lot number(s): 1234567
Today's date: 8/21/2021 **USE BY*** Date: 8/21/2021

*After this date/time, do NOT use. Contact the manufacturer for guidance. If directed to discard the vaccine, follow the manufacturer's and your jurisdiction's guidance on proper disposal.

Vaccine may be transported for 12 cumulative hours.

| | | | |
|-------------------|--|--|--|
| Transport date | | | |
| Time in transport | | | |
| Time remaining | | | |

Name: Angela Nurse RN

Moderna COVID-19 Vaccine
Store vaccine between 2°C and 8°C (36°F and 46°F) for up to 30 days.

Lot number(s): _____
Today's date: ____/____/____ **USE BY*** Date: ____/____/____

*After this date/time, do NOT use. Contact the manufacturer for guidance. If directed to discard the vaccine, follow the manufacturer's and your jurisdiction's guidance on proper disposal.

Vaccine may be transported for 12 cumulative hours.

| | | | |
|-------------------|--|--|--|
| Transport date | | | |
| Time in transport | | | |
| Time remaining | | | |

Name: _____



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Moderna COVID-19 Vaccine: Transporting Punctured Vials

- Transport punctured vials between 2°C and 8°C (36°F and 46°F).
- Once punctured, the vaccine must be administered within 6 hours.
 - Time used for transport counts as part of the 6-hour time limit.
 - Any vaccine remaining after 6 hours must be discarded.


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Ancillary Kit for Pfizer-BioNTech COVID-19 Vaccine

- Ancillary kit supplies have been reconfigured to support 6 doses per multidose vial.
- 1-inch needles and syringes are low dead-volume.
- 1.5-inch needles are NOT low dead-volume.
- Use the correct needle length to ensure the vaccine is administered in muscle tissue.



Vaccine Administration: Needle Gauge and Length

Vaccines must reach the desired tissue to provide an optimal immune response and reduce the likelihood of injection-site reactions. Needle selection should be based on the:

- Route
- Age
- Gender and weight
- Injection site


(19 years and older)

The following table outlines recommended needle gauges and lengths. In addition, clinical judgment should be used when selecting needles to administer injectable vaccines.

| Route | Age | Needle gauge and length | Injection site |
|-------------------------|----------------------------------|--|--|
| Subcutaneous injection | All ages | 22-25-gauge 5/8 inch (16 mm) | Thigh for infants younger than 12 months of age; upper outer triceps area for persons 12 months of age and older |
| | Neonate, 28 days and younger | 22-25-gauge 5/8 inch (16 mm) ² | Vastus lateralis muscle of anterolateral thigh |
| Intramuscular injection | Infants, 1-12 months | 22-25-gauge 1 inch (25 mm) | Vastus lateralis muscle of anterolateral thigh |
| | Toddlers, 1-2 years | 22-25-gauge 1-1.25 inches (25-32 mm) | Vastus lateralis muscle of anterolateral thigh ¹ |
| | | 22-25-gauge 5/8-1 inch (16-25 mm) | Deltoid muscle of arm |
| | Children, 3-10 years | 22-25-gauge 5/8-1 inch (16-25 mm) | Deltoid muscle of arm ² |
| | | 22-25-gauge 1-1.25 inches (25-32 mm) | Vastus lateralis muscle of anterolateral thigh |
| | Children, 11-18 years | 22-25-gauge 5/8-1 inch (16-25 mm) | Deltoid muscle of arm ^{2,3} |
| | | 22-25-gauge 1 inch (25 mm) ⁴ | Deltoid muscle of arm ^{2,5} |
| | Adults, 19 years and older | 1 inch (25 mm) ⁴ | |
| | • 130 lbs (60 kg) or less | 1 inch (25 mm) | |
| | • 130-152 lbs (60-70 kg) | 1-1.5 inches (25-38 mm) | |
| | • Men, 152-260 lbs (70-118 kg) | 1-1.5 inches (25-38 mm) | |
| | • Women, 152-200 lbs (70-90 kg) | 1-1.5 inches (25-38 mm) | |
| | • Men, 260 lbs (118 kg) or more | 1.5 inches (38 mm) | |
| | • Women, 200 lbs (90 kg) or more | 1.5 inches (38 mm) | |

1/An 18-gauge needle is recommended for the gluteal muscle if necessary.
2/Use a 25-gauge needle for infants and children weighing less than 40 kg. If not, do not use a 25-gauge needle and a 20-gauge needle must not be used.
3/Preferred site.
4/Some experts recommend a 1.5-inch needle for men and women weighing less than 40 kg. If not, do not use a 1.5-inch needle and a 20-gauge needle must not be used.
5/The vastus lateralis muscle is the preferred site for infants and children weighing less than 40 kg. If not, do not use a 1.5-inch needle and a 20-gauge needle must not be used.

References: Advisory Committee on Immunization Practices General Best Practice Guidelines for Immunization.
www.cdc.gov/vaccines/imz/aci/immunization-practices-general-best-practice-guidelines-for-immunization.html



Pfizer-BioNTech COVID-19 Vaccine: Transporting Unpunctured Vials

- **Ultra-cold transport:** Between -80°C and -60°C (-117°F and -76°F)
- Only full trays of vaccine may be transported at ultra-cold temperatures.
 - Store trays upright whenever possible.
- **Temperature monitoring:**
 - Thermal shipping container: Use the Controlant temperature monitoring device.
 - Portable ultra-cold freezer: Use a DDL with a probe designed to measure ultra-cold temperatures.

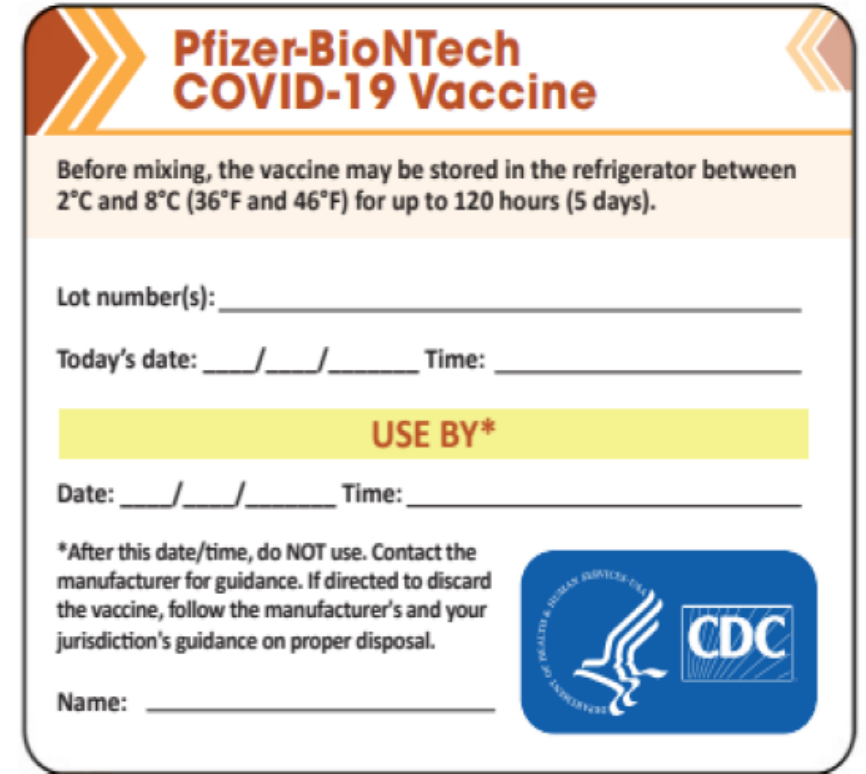
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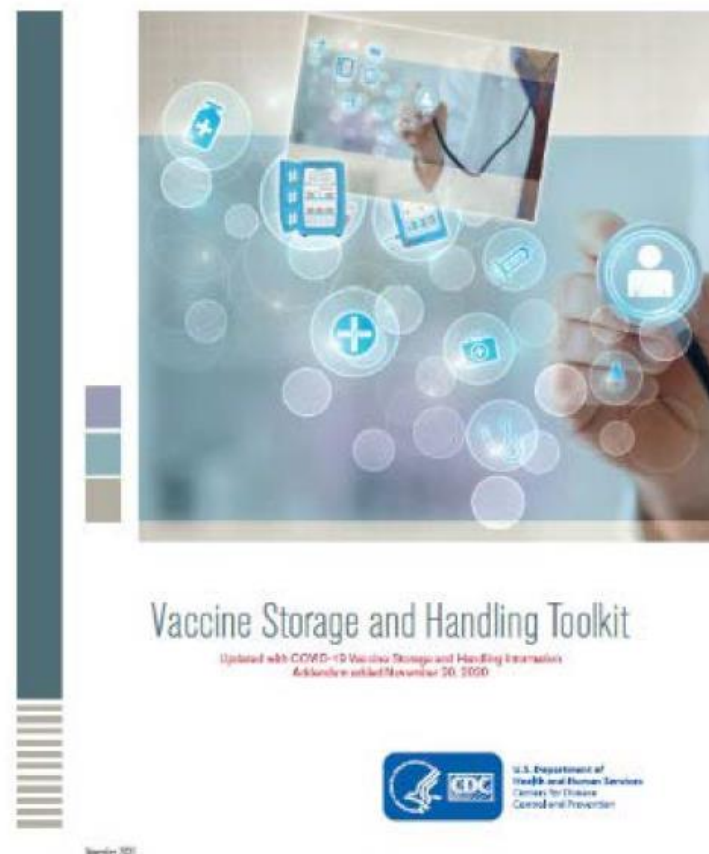
Pfizer-BioNTech COVID-19 Vaccine: Transporting Unpunctured Vials

- **Refrigerated transport:** Between 2°C and 8°C (36°F and 46°F)
 - Individual vials or partially filled trays must be transported at refrigerated temperatures.
 - Take care to ensure vaccine does not refreeze.
- Vaccine may be stored at refrigerated temperatures for up to 120 hours (5 days).
 - Any time used for transport counts as part of the 120-hour limit.
 - Beyond-use date labels track this time frame.

A detailed image of the Pfizer-BioNTech COVID-19 Vaccine label. The label is white with orange and blue accents. It includes fields for Lot number(s), Today's date, and Time. A yellow box highlights the 'USE BY*' section, which also contains fields for Date and Time. Below this, there is a disclaimer: '*After this date/time, do NOT use. Contact the manufacturer for guidance. If directed to discard the vaccine, follow the manufacturer's and your jurisdiction's guidance on proper disposal.' At the bottom, there is a field for Name and a blue circular logo with the CDC seal and the text 'DEPARTMENT OF HEALTH & HUMAN SERVICES' and 'CDC'.

Pfizer-BioNTech COVID-19 Vaccine: Transporting Punctured Vials

- Transport punctured vials between 2°C and 8°C (36°F and 46°F).
 - Take care to ensure vaccine does not refreeze.
- Once mixed, the vaccine must be used within 6 hours.
 - Time used for transport counts as part of the 6-hour time limit.
 - Any vaccine remaining after 6 hours must be discarded.



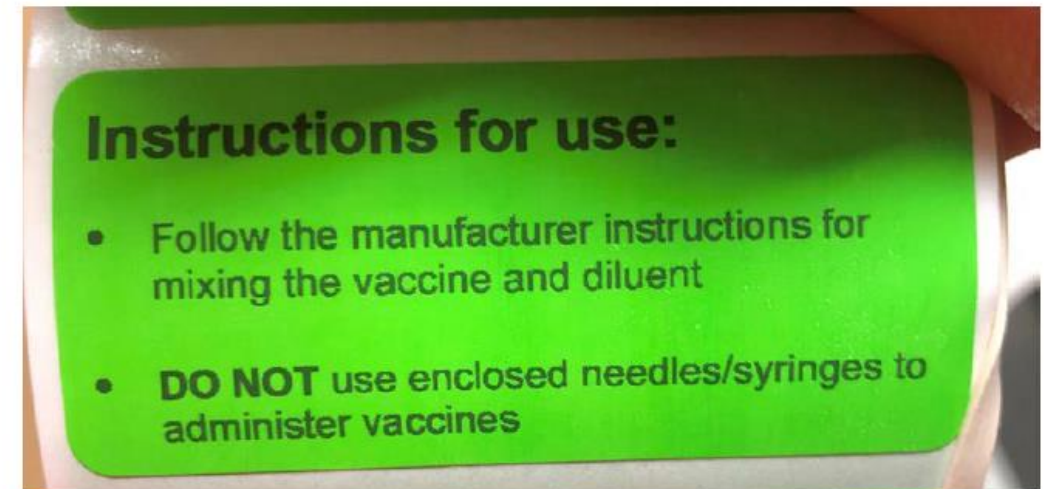
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Ancillary Kit Reminders

- When unpacking supplies:
 - Keep supplies for each vaccine product separate. Do not mix needles and syringes.
- Pfizer-BioNTech COVID-19 vaccine only:
 - Keep mixing needles and syringes separate from those for administration.
 - Tell staff to look for the green label on the box containing mixing supplies.



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